



EUROPEAN BOARD OF OPHTHALMOLOGY
ENET PROGRAMME
(European Network for Education of Trainees)

APPLICATION FORM ENET
ACCREDITED COURSES

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PLEASE COMPLETE THE APPLICATION FORM ELECTRONICALLY

Course Director _____

1. **Name:** O. Findl, C. Zetterstrom
2. **Address:** Oslo University Hospital, 0407 Oslo, Norway
3. **E-mail:** office@findl.at charlotta.zetterstrom@medisin.uio.no

Supportive society (in due order with UEMS accreditation) _____

4. **Society:** ESCRS
5. **Date/hour when this course will take place:** 04/09/2010, 0900-1600
6. **Location:** Les Palais des Congrès, Paris, France
7. **UEMS application introduced:**
in due order:

General information _____

8. **Course Title:** Young Ophthalmologists Programme
9. **Classification according to EBO syllabus***
10. **Duration:** 1-hour course (1-3 speakers) 2-hours course (4- 6 speakers)
 3-hours course (6-8 speakers) 4-hours course (8-10 speakers)
11. **Format:** x Formal lecture Commented diaporama Videobased course
 Case presentations On-line course E-learning
12. **Course level:** x Basic Advanced

* To be filled in by European Network for Education of Trainees (ENET) responsible

Faculty _____

	<u>Name</u>	<u>E-mail</u>	<u>Setting</u>
1.	See attached list		
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Course synopsis (max. 10 lines) _____

Basic course concerning cataract surgery and refractive surgery for young ophthalmologist during their training se added list

Aim(s) of the course (max. 10 lines) _____

Introduce basic knowledge concerning cataract and refractive surgery for residents.

To get the course didactic a lot of time for discussion both between the audience and the speakers is included in the day

Achievements (what will the participant achieve in knowledge)

The participant will hopefully achieve better knowledge in the field and the course invite all to an open and constructive discussion

Course outline (please specify or add a flyer)

	<u>Topic title</u>	<u>Time (min)</u>
1.	See attached list	
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Agreement (to be filled in by the course director)

I hereby agree

- to distribute the evaluation forms prior to the start of the course
- to collect the evaluation forms after the course
- to collect the MCQs from the faculty within a timeframe of two weeks after the course
- to wave registration fee for the peer reviewer
- to provide UEMS accreditation of the hosting society
- to send the evaluation forms to Dara Conlon
- to complete the MCQ form in attachment

Name + Signature:

Date:

Application Form to be sent to

Marie-José Tassignon, Antwerp University Hospital, Dept. of Ophthalmology, Wilrijkstraat 10, 2650 Edegem, Belgium
Tel. +32 3 821 33 77, Fax +32 3 825 19 26, E-mail: marie-jose.tassignon@uza.be